

Department of Public Safety & Corrections
State of Louisiana

JOHN BEL EDWARDS
GOVERNOR



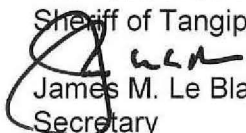
JAMES M. LE BLANC
SECRETARY



February 7, 2023

MEMORANDUM

TO: The Honorable Daniel H. Edwards
Sheriff of Tangipahoa Parish

FROM: 
James M. Le Blanc
Secretary

RE: "Basic Jail Guidelines" Monitoring Report

Please see the attached monitoring report regarding the Basic Jail Guidelines (BJG) inspection that was conducted at Tangipahoa Parish Jail on November 9, 2022 and then a follow-up visit on December 7, 2022. The monitoring visit did reflect some positive findings and a few areas of concern. The below guidelines were found to be non-compliant.

I-C-001 **Emergency Plan**
II-A-020 **Cell Checks**
II-D-001 **Key, Tool, and Utensil Control**

The BJG Team Leader will return within three months of the date of this letter to conduct a complete inspection and ensure compliance with the above referenced guidelines. BJG Team Leader Libby Roblin will be available for any training and assistance you may need.

Thank you for your support of the BJG process.

JML/mwk

Attachment

c: Mike Ranatza, Executive Director, Louisiana Sheriffs' Association
Heath Martin, Warden, Tangipahoa Parish Jail
Seth Smith, Chief of Operations
Timothy Hooper, Warden, LSP
Elisabeth Roblin, BJG Team Leader



BJG MONITORING REPORT

Annual, Semi-Annual, Quarterly, Monthly, or Recert with Waiver

Rev. 08/01/2022 mwk

Facility Name: Tangipahoa Parish Jail

BJG Team Leader & Monitors: Libby Roblin, Team Leader; Amber Vittorio, Monitor; Aimee Zaubrecher, Monitor; James Oliveaux, Monitor; Trent Barton, Monitor; Joey Reagan, Monitor

Facility Warden & Email Address: Heath Martin / martinh@tpso.org

Facility Staff: Terry Lane, Lei Higginbotham, Keana Frazier

BJG Inspection Date: November 9, 2022 and December 7, 2022

Previous BJJ Inspection Date: June 8, 2021

Operational Capacity: 607 (Jail – 522, TWP – 85)

Count on Day of Visit: 553 (Jail – 488, TWP – 65)

Concerns or Issues from the previous BJJ Monitoring Inspection:

II-D-001 Key, Tool and Utensil Control

	# MALE	# FEMALE	TOTAL
Number of DOC Offenders	232	2	234
Number of Local Offenders	297	22	319
Number of Out of State Offenders	0	0	0
Number of Federal Offenders	0	0	0
Number of ICE Detainees	0	0	0
TOTAL	529	24	553

Number of DOC Offenders that are:

Single Bunked 0

Double Bunked 234

Triple Bunked 0

Total 234

Number of DOC Offenders that are in Restricted Housing:

Single Bunked 0

Double Bunked 0

Triple Bunked 0

Total 0

ASSAULTS: (Please list monthly since the previous BJJ monitoring visit.)

Month/Year	Off/Off	Off/Off w/sig inj	Offender/Staff	Off/Staff w/sig inj
May 2021	0	0	0	0
June 2021	0	0	0	0
July 2021	1	1	0	0
August 2021	1	0	0	0
September 2021	0	0	1	0
October 2021	0	0	1	0
November 2021	1	1	0	0
December 2021	3	1	0	0
January 2022	3	2	0	0
February 2022	2	1	0	0
March 2022	3	0	2	0
April 2022	0	0	1	0
May 2022	1	0	0	0
June 2022	6	1	2	0
July 2022	5	1	0	0
August 2022	14	1	1	0
September 2022	2	3	2	0
October 2022	6	1	1	0
November 2022	8	1	1	0

**Please see attachment for a description of assaults with significant injury by month.*

SEIZURE FINDINGS: (Please list monthly since the previous BJJ monitoring visit.)

Month/Year	Illicit Substance	Alcohol	Weapon	Cell Phone	Other
May 2021	7	0	4	4	30
June 2021	0	0	7	4	5
July 2021	4	0	0	3	8
August 2021	0	0	0	0	2
September 2021	0	0	3	0	0
October 2021	2	0	9	0	0
November 2021	2	0	3	0	3
December 2021	3	0	4	0	0
January 2022	0	0	3	0	2
February 2022	0	0	3	1	1
March 2022	77	0	2	1	1
April 2022	5	0	4	1	0
May 2022	1	0	4	6	1
June 2022	3	0	2	8	5
July 2022	4	0	3	1	0
August 2022	2	0	3	0	0
September 2022	2	0	1	2	1
October 2022	2	0	3	7	0
November 2022	10	0	0	0	6

**Please see attachment for contraband description breakdown by month.*

GENERAL APPERANCE, CLEANLINESS, AND COMMENTS OF THE FACILITY:

Living Area: Evacuation routes were in place. Fire extinguishers and first aid kits were good and readily accessible.

- **Dorms/Cellblock** – On 11/9/22 visit, areas were very dirty and unorganized. There were drawings and graffiti on the walls. Paint was chipping, vents were dirty and needed cleaning. Some areas had broken lights that needed to be fixed. On 12/7/22 visit, all areas walkthrough was conducted were clean, organized and free of odor, graffiti and paint chipping on walls.

Culinary/Dining: On both 11/9/22 and 12/7/22 visits, the kitchen and dining areas were immaculate. Temperature logs were being completed, all inventories that were checked were correct. Cold and dry foods were being stored correctly, dated and rotated. Menu was posted. Sample trays were available. Dishwasher was in working order with correct temperature for final rinse.

Bathrooms: On 11/9/22 visit, several showers, toilets, and/or sinks were not in working order. Facility did provide where work orders had been put in for them to be fixed. On 12/7/22 visit, everything was in good clean working order and clean.

Yard Areas: Yard area is an enclosed area center of housing wings that allows for sunlight and exercise.

Maintenance: On 11/9/22 and 12/7/22 maintenance keys and tools – In/out issuances are not being completed by the maintenance office personnel. Maintenance keys are not being properly inventoried/controlled by the maintenance office personnel. Tools are not being inventoried regularly, most logs were incomplete. (Please note maintenance is handled by the parish and a parish employee). Flammable, Toxic, Caustic – SDS sheets are available. On 11/9/22 visit, there were inventory sheets; however, they were not being filled out. There were no issue logs being filled out. On 12/7/22 visit, facility had seemed to rectify, inventory sheets and issue logs were being maintained. Explained the importance to staff on both visits how these inventories must be maintained and issue logs completed consistently in order to maintain security and ensure no contraband, no escape.

REVIEW AND COMMENT ON THE FOLLOWING BASIC JAIL GUIDELINES: (Compliant or Non-Compliant)

- I-A-001 Safety/Sanitation/Inspections (MANDATORY): Compliant**
See attached inspections from Fire Marshal and DHH
- I-C-001 Emergency Plan (MANDATORY): Non-Compliant**
Need backup showing the Fire Marshal has reviewed and approved the facility's Emergency Plan. Once receive approval, need to forward it to HQ showing backup in the file. File needs to show training documentation of employees being trained annually on the emergency plan and fire drills are being conducted. Suggest adding any UORs that were pertaining to emergency situations and the steps taken to make the file stronger.
- I-C-003 Fire Safety/Code Conformance (MANDATORY): Compliant**
See attached inspections from Fire Marshal and DHH
- II-A-006 Staff Log (MANDATORY): Compliant**
Documentation demonstrates the facility is in compliance with this guideline.
- II-A-007 Counts (MANDATORY): Compliant**
 - How many formal counts are conducted each shift?
3 – 6:00am, 6:00pm and midnight
 - How many counts are conducted each day?
At a minimum 3 counts are conducted each day; however, more are made as frequently as needed.

- **Stick outs counts** are counts that are conducted in areas other than housing units, such as food services and other areas of normally authorized locations. When conducting and submitting the counts, employees are to actually see the offender before turning in these counts.
 - How does the facility accomplish this?

Facility conducts 3 formal counts at the above listed times. Head counts are also conducted in special circumstances such as fire, escape, etc., and aren't considered as part of the 3 formal counts.
 - Does this process ensure accountability and safe/secure operation of the facility?

This process meets the standard requirements of a minimum of 3 counts daily.

II-A-008 Offender Population Management System: Compliant
Backup documentation demonstrates that all points of guideline are being met.

II-A-010 Admissions: Compliant

II-A-012 Classification System: Compliant
Does this facility have any trustees that work outside the secure perimeter? Yes
If yes,

- What is their classification process to determine who is eligible for trustee status?

Minimum security inmates must meet certain criteria – charges, warrants, detainers and conduct records are all taken into consideration.
- Does their classification process meet DPS&C, Corrections Services' criteria? Yes

II-A-016 Photo Identification (MANDATORY): Compliant
Wrist bands with photo ID are given to all inmates.

II-A-018 Offender Drug Testing (MANDATORY): Compliant

Month/Year	# DOC Tested	Total DOC Pop	% Tested	# Positive
May 2021	20	149	13.42	1
June 2021	45	144	31.25	0
July 2021	35	159	22.01	3
August 2021	29	163	17.79	2
September 2021	38	157	24.20	1
October 2021	27	162	16.66	0
November 2021	47	163	28.83	2
December 2021	42	165	25.45	0
January 2022	11	182	6.04	0
February 2022	27	181	14.91	3
March 2022	22	141	15.60	0
April 2022	23	145	15.86	0
May 2022	17	156	10.89	4
June 2022	25	161	15.52	2
July 2022	28	178	15.73	0
August 2022	25	181	13.81	0
September 2022	25	196	12.75	0
October 2022	26	175	14.86	0
November 2022	22	171	12.87	2

II-A-019 Offender Transfers: Compliant
Facility policy and backup documentation demonstrates they are in compliance with the guideline.

- II-A-020 Cell Checks (MANDATORY): Non-Compliant**
 Facility policy states, "frequency of cell checks not to exceed 4 hours" which is in accordance to the guideline. However the backup documentation in the file shows where on several occasions more than 4 hours had passed before the cells were checked again.
- II-B-002-1 Use of Restraints for Pregnant Offenders: Compliant**
- II-C-001 Procedures for Searches: Compliant**
 Facility conducts 3 formal counts at the above listed times. Head counts are also conducted in special circumstances such as fire, escape, etc., and aren't considered as part of the 3 formal counts.
- II-D-001 Key, Tool, and Utensil Control (MANDATORY): Non-Compliant**
 On 12/7/22 visit the kitchen and medical keys, tools and/or utensils – accounted for on inventories and daily usage logs. Spot checked inventories – no discrepancies found. On 11/9/22 and 12/7/22 maintenance keys and tools – In/out issuances are not being completed by the maintenance office personnel. Maintenance keys are not being properly inventoried/controlled by the maintenance office personnel. Tools are not being inventoried regularly, most logs were incomplete. (Please note maintenance is handled by the parish and a parish employee)
 Flammable, Toxic, Caustic – SDS sheets are available. On 11/9/22 visit, there were inventory sheets; however, they were not being filled out. There were no issue logs being filled out. On 12/7/22 visit, facility had seemed to rectify, inventory sheets and issue logs were being maintained. Explained the importance to staff on both visits how these inventories must be maintained and issue logs completed consistently in order to maintain security and ensure no contraband, no escape.
- III-A-001 Rules and Discipline (MANDATORY): Compliant**
- Does the facility's offender orientation include the application process for applying for restoration of good time? Yes
 - What is their restoration of good time application process for the offender population? This process is handled through orientation and each inmate is given an application with an envelope addressed to the proper location the application is to be sent to.
 - Does their restoration of good time application process meet DPS&C, Corrections Services' criteria? Yes
- IV-A-003 Food/Dietary Allowances (MANDATORY): Compliant**
 Documentation includes license of certified dietician and that she reviews and approves food allowance according to guideline
- IV-A-006 Food Services Management (MANDATORY): Compliant**
 Recommended changing verbiage in policy to read "and that there shall be no more than 14 hours between the evening and breakfast meals" for clarity.
- IV-B-001 Plumbing Fixtures – Toilets & Washbasins (MANDATORY): Compliant**
 On 11/9/22 visit, several toilets and washbasins were dirty and not in working order. Facility provided documentation showing work orders had been placed for them to be fixed. On 12/7/22 visit, all toilets and washbasins checked were clean and in working order.
- IV-B-002 Plumbing Fixtures – Showers (MANDATORY): Compliant**
 On 11/9/22 visit, several showers were dirty and not in working order. Facility provided documentation showing work orders had been placed for them to be fixed. On 12/7/22 visit, all showers checked were clean and in working order.

- IV-B-005 Personal Hygiene (MANDATORY): Compliant**
Documentation demonstrates that inmates are receiving adequate personal hygiene items.
- IV-C-001 Access to Care/Clinical Services (MANDATORY) Compliant** (Does the facility charge a co-payment? YES If so, approved by DPS&C? YES):
Documentation demonstrates facility is in compliance with guideline.
- IV-C-003 Provision of Treatment (MANDATORY): Compliant**
Some documentation was not correct, facility corrected while on site.
- IV-C-005 24 Hour Care (MANDATORY): Compliant**
Facility has 24 hour nursing coverage on-site for first aid, etc.
- IV-C-006-1 Pregnancy Management (MANDATORY): Compliant**
- IV-C-008 Annual TB Testing: Compliant**
- IV-C-009 Chronic Care Program (MANDATORY): Compliant**
Facility policy and backup documentation illustrates that guideline is being followed.
- IV-C-012 Access to Sick Call (MANDATORY): Compliant**
Facility policy and backup documentation demonstrates compliance with guideline. Inmates can request sick call during pill call. Sick call is answered daily by both shifts.
- IV-C-013 Infirmary Care: Compliant**
The facility has no infirmary care onsite. However, there is 24/7 nursing care provided with ability to consult a physician. Emergencies are sent to Lallie Kemp or North Oaks Medical Centers. Offenders requiring management that is not available at the facility are transferred to DPS&C.
- IV-C-013-1 Medical Releases: Compliant**
(Medical Parole, Medical Treatment Furlough, and/or Compassionate Release):
- IV-C-014 Suicide Prevention and Intervention (MANDATORY): Compliant**
File documentation supports guideline.
- IV-C-015 Offender Deaths (MANDATORY): Compliant**
Recommended getting verification from DOC upon receipt of notification and adding to secondary backup in file to make it stronger.
- IV-C-016 Notification: Compliant**
- IV-D-001 Healthcare Quarterly Meetings (MANDATORY): Compliant**
- IV-D-004 Confidentiality of Health Information/Individual Health Record: Compliant**
- IV-006-1 Emergency Assessment for Intoxication or Suspected Intoxication (MANDATORY):**
NEW
Facility is working to create policy and documentation.
- IV-D-007 Internal Review/Quality Assurance (MANDATORY): Compliant**
Facility policy and procedure supports guideline.
- IV-E-001 Alleged and Substantiated Sexual Assaults: Compliant**

- Is this facility required to be PREA compliant due to contract language? No
- Is this facility PREA compliant? No
- If yes, date compliance received: N/A
 - If this facility is required to be PREA compliant due to contract language, and has not done so, what is their plan of action for compliance? N/A

V-A-004 Religious Programs: Compliant

V-A-005 Exercise & Recreation Access (MANDATORY): Compliant

V-B-001 Programs and Services:

Only reference in file was letter explaining no "in person" programs being conducted due to COVID. Staff stated they are starting back June 20, 2022 and hoping to start education classes back January 2023.

- List all Certified Treatment Programs (Attach Form IS-B-8-b)
N/A
- List all other Offender Programs
Understanding/Reducing Angry Feelings
Partners and Parenting
Thinking for a Change

V-B-002 Educational Programming: Compliant

Facility is planning to begin educational programs back in January 2023.

GED Program

Number of GED Slots	<u>10</u>
Number of Participants	<u>0</u>
YTD Number of Completions	<u>0</u>

V-B-003 Substance Abuse Programs: Compliant

V-C-001 Releasing Offenders: Compliant

V-C-002 Regional Reentry Programs Compliant

V-C-004 Parole Board Procedures: Compliant

VI-B-002 Grievance Process (MANDATORY): Compliant

- Does grievance process include at least two levels of review? Yes
- Who is the designee at each level of review?
1st Level – Administration
2nd Level - Warden
- What is the specified time period for response at each level?
1st Level – 72 hours from date of receipt
2nd Level – 72 hours from date of receipt

VII-A-002 Weapons Training: Compliant

Documentation demonstrates employees are trained according to guideline.

VII-B-010 Monthly Reporting: Compliant
Facility turns in their monthly report on time if not sooner.

VII-B-012 Proposed Expansions: Compliant
Facility has no proposed expansions at this time.

OTHER:

The majority of the Tangipahoa Jail staff are new employees that were not fully afforded that opportunity of being trained by seasoned staff. The jail itself is an older facility that has had some major maintenance issues, one of those being a water leak under the facility. (Please note, that all maintenance is handled by the parish.) While trying to locate the source of the leak, approximately 50 inmates had to be moved to RLCC to have space to move the remaining inmates around within the jail. These are just a few of the major obstacles the jail, Warden Martin and his new staff have encountered.

The original monitoring visit for the jail and the annual TWP audit were scheduled for November 9, 2022. After conducting a walkthrough, reviewing some of the files and speaking with staff more extensively, my team and I better understood the extent of what Warden Martin and his staff had been facing at the jail.

My team and I sat with staff throughout the jail, pointed out key issues we noticed and gave our recommendations on how to correct them and help ensure future issues not arise. The staff was very receptive to our input. At the conclusion, I notified Warden Martin and his staff that we would return on December 7, 2022 to complete the jail's monitoring visit and the annual audit for TWP.

STAFF COMMENTS/MORALE/GENERAL OBSERVATIONS:

Staff morale on the date of the visits are always good. This staff works well together and always eager to learn.

OFFENDER COMMENTS/MORALE/QUALITY OF LIFE:

On both dates of my team and my visits, several of the monitoring team spoke with inmates in every area they conducted walkthroughs. The majority of the inmates had very few complaints. Some were in regards to their laundry being cleaned more than twice a week, one inmate asked if "in person" visits could be returned. Other inmates complained about their living areas being dirty; monitoring team members explained that they are responsible for keeping their areas clean and are given supplies to keep their areas clean. There were no complaints received in regards to medical or quality of life.

RECOMMENDATION:

At this time, I, Libby Roblin, would recommend returning within three months to conduct a walkthrough monitoring visit at the least. BJG Team Leader, Libby Roblin is available for assistance at any time.



BJG MONITORING REPORT

___ Annual, X Semi-Annual, ___ Quarterly, ___ Monthly, or ___ Recert with Waiver

Rev. 03/22/2022 mw

Facility Name: Tangipahoa Parish Jail

BJG Team Leader & Monitors: Libby Roblin, Team Leader; Amber Vittorio, Monitor; Aimee Zaubrecher, Monitor; James Oliveaux, Monitor; Trent Barton, Monitor; Joey Reagan, Monitor

Facility Warden & Email Address: Heath Martin / martinh@tpso.org

Facility Staff: Terry Lane, Lei Higginbotham, Keana Frazier

BJG Inspection Date: November 9, 2022 and December 7, 2022

Previous BJJ Inspection Date: June 8, 2021

Operational Capacity: 607 (Jail – 522, TWP – 85)

Count on Day of Visit:

Assaults w/ Significant Injury Descriptions

Month/Year	Description
July 2021	DOC inmate hit a parish inmate which resulted in the parish inmate's ear getting cut. The fight was over a bet.
November 2021	Two DOC inmates had an altercation over using the telephone, which resulted in one inmate sustaining a facial laceration. He was sent to the hospital, once there emergency surgery was deemed necessary.
December 2021	A "hit" was placed on an inmate which resulted in him receiving a skull fracture and being hospitalized.
January 2022	A DOC inmate struck another for snoring too loudly. The inmate who was struck, suffered facial fractures. Two DOC inmates got into an altercation which resulted in one of the inmates suffering multiple stab wounds that required stitches.
February 2022	DOC inmate assaulted a parish inmate. The DOC inmate had just been sentenced and made DOC. The altercation happened before the inmate could be transferred.
June 2022	A parish and DOC inmate began fighting which resulted in the parish inmate being sent to hospital with broken nose.
July 2022	DOC inmate struck a parish inmate which resulted in the parish inmate being sent to the hospital for an eye injury.
August 2022	One DOC inmate was sent to the hospital with a broken jaw, which was the result of him being bullied and extorted by other DOC inmates.
September 2022	DOC inmate hit another DOC inmate in the throat which caused a clot to form. A parish and DOC inmate had an altercation, which resulted in the parish inmate having a fractured jaw.
October 2022	Two DOC inmates had an altercation, which resulted in one inmate needing stitched in his right ear.
November 2022	Two DOC inmates had an altercation, which resulted in one inmate needing stitched in his lip.

Contraband Descriptions

Month/Year	Description
May 2021	4 cellphones; 4 shanks; 4 bags of mojo; 20 lighters; 10 bags of tobacco; 3 suboxone strips
June 2021	7 shanks, 4 cell phones, 5 lighters
July 2021	3 cell phones, 4 chargers, 4 wrapped mojo, 4 lighters
August 2021	1 lighter, 1 pack of rolling papers
September 2021	3 shanks
October 2021	9 shanks, 2 glove thumbs mojo
November 2021	2 cups of ink, 1 tattoo gun, 2 fingertip gloves of mojo, 3 shanks
December 2021	4 shanks, 3 small bags mojo
January 2022	3 shanks, toilet brush handle, 1 tattoo gun
February 2022	1 shank, 1 cell phone, 1 tattoo instrument, 2 makeshift heavy weapons
March 2022	2 shanks, 1 cell phone, 72 suboxone, 5 oxycodone, 1 lighter
April 2022	4 shanks, 1 phone, 5 grams mojo
May 2022	6 cellphones, 4 shanks, 1 pouch of tobacco, 1 bag mojo
June 2022	8 cell phones, 2 shanks, 5 charger cords, 1 suboxone strip, 2 wrapped wads of meth residue
July 2022	17.2 gram heroin, 7.5 grams heroin, 4.6 grams heroin/fentanyl, crack cocaine, 1 cell phone, 3 shanks
August 2022	3 shanks, 1 bag of meth, 1 bag of heroine
September 2022	2 cell phones, 1 shank, 1 wad of tobacco, 1 wad of mojo, mojo residue
October 2022	7 cellphones, 3 shanks, 2 pieces of paper with meth
November 2022	1 bag of Mojo, 2 bags of smoking tobacco, 4 sheets of mojo paper, 1 tube of tobacco, 3 booklets of cigarette paper, 5 pills from medical

Positive Drug Test Descriptions

Month/Year	Description
May 2021	Suboxone
July 2021	Suboxone and methamphetamines
August 2021	Oxy, suboxone and methamphetamines
September 2021	Suboxone
November 2021	Suboxone
February 2022	Suboxone
May 2022	Buprenorphine
June 2022	Suboxone
November 2022	Methamphetamines



John Bel Edwards
GOVERNOR

Office of State Fire Marshal

8181 Independence Blvd. Baton Rouge, LA 70806
(225) 925-4911 (800) 256-5452 Fax (225) 925-4241



Daniel H. Wallis
FIRE MARSHAL

Inspection Report

Report # CB-22-017898-1

Deficient/Cautionary Codes cited.

Location Information			
Inspection Type	Compliance Building Inspection	Inspection Date	11/29/2022 3:58:01 PM
Structure ID	887	No. of Buildings	Facility Code J97
Capacity	572	Year Built	Construction Type
Building/Trade Name		Address	
TANGIPAHOA PARISH JAIL NORTH WEST AND EAST		201 CAMPO LANE, AMITE, LA 70422	

Owner Information			
Owner Type	Name	Contact Phone	Contact Email
Municipal Project	TANGIPAHOA PARISH		HAMMONSD@TPSO.ORG
Address			
201 CAMPO LANE, AMITE, LA 70422			

Tenant Information			
Name	Suite Number	Floor Number	Square Footage

Occupancy Details	
Occupancy Type	Details
Institutional	INSTITUTIONAL BUILDING TYPE: GROUP I-3 (DETENTION/CORRECTION); DETENTION/CORRECTION FACILITY TYPE: CONDITION 3

Deficient and Cautionary Items		
Description	Code Status	Correction Date
LRS40:1574 Shall submit plans to the LA OSFM for electrical locks.	DEFICIENT	12/29/2022
NFPA 70 9.1.2 Electrical Systems. Electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code, unless such installations are approved existing installations, which shall be permitted to be continued in service. (CURRENTLY THERE IS A DASEY CHAIN LOCATED IN CABINET EAST AND WEST WING POD)	DEFICIENT	12/29/2022
NFPA 101 13:8.1.1 (3) Sprinkler – sprinkler shall be positioned so that there is no delay in activation time. (CURRENTLY THE ESCUTCHEON PLATE IS MISSING NORTH WING HALL)	DEFICIENT	12/29/2022
NFPA 101 7.9.2 Emergency illumination shall be provided for a minimum of 112 hours in the event of failure of normal lighting. Emergency lighting facilities shall be arranged to provide initial illumination that is not less than an average of 1 ft-candle (10.8 lux) and, at any point, not less than 0.1 ft-candle (1.1 lux), measured along the path of egress at floor level. Illumination levels shall be permitted to decline to not less than an average of 0.6 ft-candle (6.5 lux) and, at any point, not less than 0.06 ft candle (0.65 lux) at the end of 112 hours. A maximum-to minimum illumination uniformity ratio of 40 to 1 shall not be exceeded.(CURRENTLY THERE IS TWO EMERGENCY LIGHTS OUT IN THE WORK RELEASE BUILDING)	DEFICIENT	12/29/2022

Comments
AT TIME OF INSPECTION THE FACILITY WAS OVER CAPACITY BY 12 PERSONS. DURING THE INSPECTION THEY WERE IN THE PROCESS OF MOVING INMATES AROUND TO NOT BE OVER CAPACITY.

Inspector Information



John Bel Edwards
GOVERNOR

Office of State Fire Marshal

8181 Independence Blvd. Baton Rouge, LA 70806
(225) 925-4911 (800) 256-5452 Fax (225) 925-4241



Daniel H. Wallis
FIRE MARSHAL

Inspection Report

Report # CB-22-017898-1

Deficient/Cautionary Codes cited.

Name: Johnathan Edwards	Badge Number: 753	Inspector Signature: <i>Johnathan Edwards</i>
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Person to whom requirements were explained		
Name: Terry lane	Title: asst warden	Signature: <i>Terry Lane</i>

For questions regarding the contents of this report, please call: (504) 568 8506

R. S. 40: 1621 Whoever fails to comply with any order issued by the Fire Marshal or his authorized representative under any provision of Part III, Chapter 7, Title 40 of the Louisiana Revised Statutes of 1950, R.S. 40:1569 excepted, shall be fined not more than five hundred dollars or imprisoned, for more than six months or both. Each day's violation of an order constitutes a separate offense and may be punished as such at the discretion of court.



John Bel Edwards
GOVERNOR

Office of State Fire Marshal

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(225) 925-4911 (800) 256-5452 Fax (225) 925-4241



Daniel H. Wallis
FIRE MARSHAL

Inspection Report

Report # CB-22-017898-1

Deficient/Cautious Codes cited.

L.R.S. 40:1577 APPEAL FROM ORDER

When an order is made by one of the deputies or representatives of the Fire Marshal, the owner or occupant of the building or premises may, within three days, appeal to the Fire Marshal. The Fire Marshal shall, within five days, review the order and advise the owner or occupant of his decision thereon. The owner or occupant may, within five days after the making of affirming of any such order of the Fire Marshal, file an application with the Board of Review.

RULES FOR APPEALING TO THE FIRE MARSHAL BOARD OF REVIEW

- I. Any application to the Board of Review shall contain the following basic information set off in organized fashion with captions indicating that the paragraph in question contains the following basic information.
 1. The name of the applicant.
 2. A brief description of the facts.
 3. A copy of the order of the Fire Marshal which is being appealed.
 4. A reference to the section of the law or code being reviewed.
 5. A brief description of why the applicant feels the requirements of the Fire Marshal is not within the Fire Marshal's authority, or brief description of why the interpretation of the Fire Marshal is incorrect or what specific relief is required by the applicant.
 6. A list of the individuals who will be appearing before the Board, and a brief description of the testimony or information they will be providing the Board.
 7. A list of all the documents which will be introduced or provided to the Board along with a brief description of the documents, and if possible, a copy of said documents.
 8. A list of each exhibit except for documents, and a brief description of the exhibit.

- II. Whenever possible, a notice of the meeting, date and place, and the agenda will be recorded in the Louisiana Register, however, whenever that is not possible, a copy of the meeting notice including the date, time and place, and agenda of the meeting of the Board will be published in the official notices of the official state journal; furthermore, a press release containing the same information will be mailed to the official journals of the cities of Shreveport, Monroe, Lafayette, Lake Charles, Alexandria, New Orleans, and Baton Rouge and any city or town in which the meeting of the Board is to be held if it is not one of the aforementioned major cities; and the same information shall be mailed to each individual who has notified the Fire Marshal of his desire to receive a notice of such appeal.

- III. A copy of the determination of the Board as prepared by the Chairman will be mailed to each individual who requests a copy of that specific determination as well as to the applicant.

- IV. The time delays for filing an appeal shall be those specified in R.S.40:1577 and 40:1578 1 D.



Daniel Edwards

SHERIFF & EX-OFFICIO TAX COLLECTOR

Dennis Pevey
Chief Criminal Deputy

February 2, 2023

Tangipahoa Parish Jail's Corrective Plan of Action in response to the November 29, 2022 Office of State Fire Marshall Inspection Report is as follows:

Comment	Corrective Action
Plans to the LA OSFM for electrical locks	Outside contractors (R&S Builders) are to meet with the fire marshal to determine a plan to install electrical locks throughout our facility.
Currently there is a Dasey Chain located in cabinet East and West Wing Pod	IT department has been notified and are currently working on rerouting these wires.
Currently the Escutcheon Plate is missing in North Wing Hall	TPJ maintenance supervisor was notified and contacted Brass Co. Sprinkler company to inspect and correct this problem.
Currently there are two emergency lights out in the Work Release building	Both lights were replaced.



Msgt Keana Frazier
BJG Coordinator



**STATE OF LOUISIANA
DEPARTMENT OF HEALTH
OFFICE OF PUBLIC HEALTH**

**Detention or Incarceration
Notice of Violations**

Complaint


Permit Number 53-04-224	Permit Name Tangipahoa Parish Jail-224		
Name of Establishment Tangipahoa Parish Jail-224		Owner Name	
Address 101 CAMPO LN AMITE, LA 70422		Date 12/12/2022	Time 11:10 AM

LAC TITLE 51 PART XVIII

Comments:

A complaint was received regarding issues inside prison. The issues were as follows: mattresses not available and linens not clean. Each inmate is issued mattress and linens, they are cleaned on regular basis. Several dorms are overpopulated. The prison is receiving some upgraded locks in dorms, dorms are worked on in rotation and prisoners are temp moved while work is being performed. Should be concluded in 5 weeks. Prison is underpopulated to help with this. Rust on food slots. Some worn areas observed in food slots. No chipping paint observed. I addressed every issue we are required to according to state sanitary code. Other issues were complained about but we do not regulate them.


Max capacity for jail is 572, todays occupancy is 478
 verbal acknowledgement by Terry Lane TPSO
 email copy to lanet@tpso.org
 frazierk@tpso.org

Number Licensed For	Number in Attendance 478	License Anniversary 03/31/2023	
Sanitarian Name/Print Jason Dean	Phone # 985 543-4175	Sanitarian Signature 	R.S. # 1487

The above mentioned violations were called to my attention and were explained to me in detail, I hereby agree to

Correct Critical Violations by

Correct Non-Critical Violations by

Name/Title Terry lane TPSO	Signature of Recipient 
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**CERTIFIED TREATMENT AND REHABILITATION PROGRAM
CERTIFICATION OF CONTINUED COMPLIANCE**

Facility: Tangipahoa Parish Jail

Date: 12/7/22

Name of Program: Partners & parenting

Date of Program Implementation: August 8, 2022

Primary Area of Service Provided:

- Education
- Job Skill Training
- Values Development and Faith Based Initiatives
- Treatment Programs
- Miscellaneous

Program has been certified by DPS&C? Yes No

Program application process is consistent with DPS&C existing assessment and classification system? Yes No

Has program curriculum changed during preceding 12 months? Yes No

Is there an objective method used to assess completion? Yes No

Detailed records are maintained on the following:

- All offenders who apply. Yes No
- Number of offenders accepted. Yes No
- Number and type of services provided. Yes No
- Offender's completion/termination from program. Yes No

Is there a formal graduation ceremony for those who complete the program? Yes No

The CTRP referenced above continues to meet necessary criteria to maintain its certification by the Department of Public Safety and Corrections.

Amber Vitterio
Monitoring Team Member or BJJ Team Member/Leader

12/7/22
Date

CERTIFIED TREATMENT AND REHABILITATION PROGRAM
CERTIFICATION OF CONTINUED COMPLIANCE

Facility: Tangipahoa Parish Jail

Date: 12/7/22

Name of Program: Understanding and Reducing Angry Feelings

Date of Program Implementation: June 20, 2022

Primary Area of Service Provided:

- Education
- Job Skill Training
- Values Development and Faith Based Initiatives
- Treatment Programs
- Miscellaneous

Program has been certified by DPS&C? Yes No

Program application process is consistent with DPS&C existing assessment and classification system? Yes No

Has program curriculum changed during preceding 12 months? Yes No

Is there an objective method used to assess completion? Yes No

Detailed records are maintained on the following:

- All offenders who apply. Yes No
- Number of offenders accepted. Yes No
- Number and type of services provided. Yes No
- Offender's completion/termination from program. Yes No

Is there a formal graduation ceremony for those who complete the program? Yes No

The CTRP referenced above continues to meet necessary criteria to maintain its certification by the Department of Public Safety and Corrections.

Amber Vitterio
Monitoring Team Member or BJG Team Member/Leader

12/7/22
Date

CERTIFIED TREATMENT AND REHABILITATION PROGRAM
CERTIFICATION OF CONTINUED COMPLIANCE

Facility: Tangipahoa Parish Jail

Date: 12/7/22

Name of Program: Thinking for a change

Date of Program Implementation: October 17, 2022

Primary Area of Service Provided:

- Education - hoping to start January 2023
- Job Skill Training
- Values Development and Faith Based Initiatives
- Treatment Programs
- Miscellaneous

Program has been certified by DPS&C? Yes No

Program application process is consistent with DPS&C existing assessment and classification system? Yes No

Has program curriculum changed during preceding 12 months? Yes No

Is there an objective method used to assess completion? Yes No

Detailed records are maintained on the following:

- All offenders who apply. teacher/facilitator keeps records Yes No
- Number of offenders accepted. Yes No
- Number and type of services provided. Yes No
- Offender's completion/termination from program. Yes No

Is there a formal graduation ceremony for those who complete the program? Yes No

The CTRP referenced above continues to meet necessary criteria to maintain its certification by the Department of Public Safety and Corrections.

Amber Vitterio
Monitoring Team Member or BJG Team Member/Leader

12/7/22
Date